

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40199

BIRTH NO. _____		REG. DIST. NO. <u>91</u>		PRIMARY REG. DIST. NO. <u>5330</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Osage</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Cherryville Osage</u> d. STREET ADDRESS <u>Near Cherryville Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Joe</u> c. (Last) <u>Brown</u>		4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>1950</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>1-1-23 1949</u>		9. AGE (In years last birthday) <u>1</u> Months <u>1</u> Days <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
11. BIRTHPLACE (State or foreign country) <u>Near Steelville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13a. FATHER'S NAME <u>Harvard Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Verginia Green</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harvard Brown, Cherryville</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic Anemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Sept 23, 1950</u> , to <u>Dec 15, 1950</u> , that I last saw the deceased alive on <u>Dec 15, 1950</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William H. Robey, M.D.</u>		23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>12/20/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>12-19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Near Cherryville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Cherryville Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/21/50</u>		REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. J. Jones</u>			
ADDRESS <u>Steelville Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 26 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed.....

L. J. Jamar
Licensed Embalmer No. 2079

P. O. Address Steelville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.